Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Amantadine ER (Gocovri)

**Notes:**
^ Adequate trial is defined as 4 weeks treatment duration

**Initiation (new start) criteria:** Non-formulary amantadine ER (Gocovri) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a neurologist with expertise in diagnosis/treatment of Parkinson’s Disease
- Diagnosis of Parkinson’s Disease on problem list
- Patient currently prescribed carbidopa/levodopa 3 times per day or more
- Patient has dyskinetic movements that have responded to an adequate trial^ of amantadine immediate-release capsules
- Patient is unable to comply with amantadine immediate-release capsules due to dosing frequency, as documented by the neurologist

**Criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously:** Non-formulary amantadine ER (Gocovri) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- See above Initiation Criteria

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously.** Non-formulary amantadine ER (Gocovri) will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Diagnosis of Parkinson’s Disease
- Patient currently prescribed carbidopa/levodopa 3 times per day or more
- Adequate trial^ of amantadine immediate-release capsules
- Patient is unable to comply with amantadine immediate-release capsules due to dosing frequency

**Continued use criteria for patients stable on the medication:** Non-formulary amantadine ER (Gocovri) will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Prescribed by a Neurologist
- Office visit or telephone visit with neurologist in the past 12 months